



DATE REGION OFFICE Water Right with attached instructions to avoid unnecessary delays

For Ecology Use	
Fee Paid	
Date	

Section 1. APPLIC		sotostastastastastastastastastas		011610046089888888888888888	
Mailing Address Q Q	ON DOO	111111	Warts Tale	000577	- 9045
Name (1); // im R Mailing Address P. O City Doxee	State N 1/17	in+1 900	WORK TELL	20905'S	- 005/ Faura)
City 17 10 fee	State W/7 Z	ip+4 <u>787.</u>	70 +0972 FAX	60937	5-8802
Section 2. CONTA	ACT - PERSON	TO CAL	L ABOUT THI	E APPLIO	CATION
Name			Home Tel:()	_
Mailing Address			Work Tel:()	-
Mailing Address	State Z	ip+4	+ FAX	:()	-
Relationship to applicant_					
Section 3. STATE	MENT OF INT	ENT			
needed:	lat recorded in all quantity to be used	Book G., I in acre-feet a short-term p	Page 65, Ya Kima per year: 5.1 project. Indicate the	Co audito	umber is not sufficient. File NO: 252 8918 ne that the water will be
Section 4. WATE			If GROUNDWAT	ED	
Name the water source a lake, etc. If unnamed, w "unnamed stream," etc.:			A permit is desired	tor <u>01/8</u>	well(s).
Number of diversions:					
Source flows into (name	of body of water):		Size & depth of well(s):		
Source nows into (name of body of water).					
			6" 4	193	
LOCATION			6"		
Enter the north-south a nearest section corner:			om the point of di	version or v	
Enter the north-south a nearest section corner:	832' North		om the point of di	version or v	forner of of source is platted, complete
Enter the north-south a nearest section corner:	832' North		om the point of di	version or	of source is platted, complete
Enter the north-south a nearest section corner: Section 28 4 of 4 of	Section Township	Range(E/W)	com the point of di	If location	of source is platted, complete below:
Enter the north-south a nearest section corner: Section 24	852' North 6 892'	and 303	om the point of di	version or	of source is platted, complete
Enter the north-south a nearest section corner: Section 24 4 of 4 of 5 NE	Section Township 24 12 ved: JUNE 29	Range(E/W) 19 19 Prior	com the point of di West of Sa County	If location Lot E	of source is platted, complete

ECY 040-1-14 Rev. 12/94 F

APPLICATION

Appl. No.: 64-32740

A .	Name of system, if named: Henley Well	<u> </u>
в. <i>а</i>	Briefly describe your proposed water system. (See instructions.) Upgrade Well with 5 horse pump to irreg and alfalfa field. With the most curren whility available with in are means.	ate pasture of conservati
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	□ YES ⋈ NO
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFO	RMATION
4 .	Number of "connections" requested: Type of connection	
3.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water syste your County Health Department.	t, Recreational, etc.) YES NO ms are identified by
Com	plete C. and D. only if the proposed water system will have fifteen or m	ore connections.
7.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved ver	☐ YES ☐ NO sion of your plan.
) <i>.</i>	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved ver	☐ YES ☐ NO sion of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)	
	Total number of acres to be irrigated: 9.53	
3.	List total number of acres for other specified agricultural uses:	
	Use Pasture Acres 2.53 Use Acres 9.00 Use Acres	
	Total number of acres to be covered by this application: 9.98	
٠.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only:	
	‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).	
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: 	□ YES 🗷 NO □ YES 🗷 NO
3.	Farm uses: Stockwater - Total # of animals S Animal type Cattle Houses (If dairy c Dairy - # Milking N/4 # Non-milking N/4	attle, see below)

18 5 3 68 B

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES 写NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Mokee Hwy 24 East, turn right on Faucher Road. Stay on Faucher Rod it turns in to Konnowac Pass. Stay on Konnowac Pass. You will olving approximetry 1.4 miles. Take right on frivate rd with Two mail boxes. Ken Rogers 1450 ? Dean all man 1450) We are the Only house on the right. Tan? White manu Factured home.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) owner(s):	and addres	SYES of the	ı NO
		-		
		9		
B.	Does the applicant own the land on which the water source is located?		YES -	NO I
	If no, submit a copy of agreement:			
order and m the en	fy that the information above is true and accurate to the best of my knowledge to process my application, I grant staff from the Department of Ecology access conitoring purposes. Even though I may have been assisted in the preparation apployees of the Department of Ecology, all responsibility for the accuracy of the	s to the si of the abo	te for inspect ove application	ion on by
order and m	to process my application, I grant staff from the Department of Ecology acces onitoring purposes. Even though I may have been assisted in the preparation	s to the si of the abo	te for insp ove applic	ect atio

Applicant (or authorized representative)

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Date

Examination fee was not enclosed		CONTRACTOR OF THE PROPERTY OF
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested	l above and return your ate).	application by

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

APPLICATION